

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Curry**
 Month/Year: **Jan-26**

Conventional or Direct Filtration

System Name: **City of Port Orford** ID#: **41 00670** WTP : **TP - A**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1			0.02	0.02			0.02
2			PLANT	OFF			PLANT OFF
3			PLANT	OFF			PLANT OFF
4				0.04	0.03		0.04
5			0.03	0.03	0.03	0.03	0.03
6	0.03	0.03	0.03	0.03	0.03	0.03	0.03
7						0.03	0.03
8	0.03	0.03	0.03	0.03	0.03	0.03	0.03
9	0.03	0.03	0.03	0.03	0.03	0.03	0.03
10			0.03	0.03	0.04	0.03	0.04
11			0.03	0.03	0.03	0.03	0.03
12			0.03	0.02	0.02	0.02	0.03
13			0.02	0.02	0.03		0.03
14			0.02	0.02	0.03	0.03	0.03
15			0.02	0.02	0.02		0.02
16			0.02	0.02	0.03	0.03	0.03
17			0.02	0.02	0.03		0.03
18			0.02	0.02	0.02		0.02
19			PLANT	OFF			PLANT OFF
20			0.03	0.03	0.03	0.03	0.03
21			0.03	0.03	0.03	0.03	0.03
22			0.03	0.03	0.03		0.03
23			0.03	0.03	0.03		0.03
24			0.03	0.03	0.03		0.03
25			0.03	0.03	0.03		0.03
26			0.03	0.02	0.02		0.03
27			0.02	0.02	0.02		0.02
28			0.02	0.02	0.02		0.02
29			0.02	0.02	0.02		0.02
30			0.03	0.03	0.03		0.03
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes	CT's met everyday? (see back) Yes
All 4-hour turbidity readings ≤ 1 NTU? Yes	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes
All turbidity readings < IFE ² triggers Yes	

Notes:	PRINTED NAME: Dave Terrusa	
	SIGNATURE: /S/ Dave Terrusa	DATE: 2/5/26
	PHONE #: (541) 253-7556	CERT #: 6930

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name:	City of Port Orford	ID#: 41-00670	Month/Year:	Oct-25	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.4	127	177.8	13.0	7.20	35.1	YES	350
2				PLANT OFF				PLANT OFF
3				PLANT OFF				PLANT OFF
4	0.9	127	114.3	10.0	7.20	40.9	YES	350
5	1	127	127.0	11.0	7.30	40.1	YES	350
6	1.1	127	139.7	11.0	7.30	40.6	YES	350
7	0.9	127	114.3	10.0	7.30	42.4	YES	350
8	1.1	127	139.7	10.0	7.30	43.3	YES	350
9	1.1	127	139.7	10.0	7.30	43.3	YES	350
10	1.2	127	152.4	10.0	7.30	43.8	YES	350
11	1.1	127	139.7	9.0	7.20	44.7	YES	350
12	1	127	127.0	10.0	7.50	46.0	YES	350
13	1	127	127.0	13.0	7.30	34.8	YES	350
14	1	127	127.0	13.0	7.20	33.5	YES	350
15	1	127	127.0	13.0	7.20	33.5	YES	350
16	1	127	127.0	12.0	7.30	37.6	YES	350
17	1.3	127	165.1	12.0	7.40	40.2	YES	350
18	1.3	127	165.1	11.0	7.20	40.1	YES	350
19		127		PLANT OFF				PLANT OFF
20	1.2	127	152.4	9.0	7.20	45.2	YES	350.0
21	1.2	127	152.4	9.0	7.20	45.2	YES	350
22	1.3	127	165.1	9.0	7.20	45.7	YES	350
23	1.1	127	139.7	9.0	7.20	44.7	YES	350
24	1.2	127	152.4	9.0	7.20	45.2	YES	350
25	1.1	127	139.7	8.0	7.20	47.7	YES	350
26	1.1	127	139.7	9.0	7.20	44.7	YES	350
27	1.1	127	139.7	10.0	7.30	43.3	YES	350
28	1	127	127.0	11.0	7.20	38.8	YES	350
29	1	127	127.0	11.0	7.30	40.1	YES	350
30	1	127	127.0	11.0	7.20	38.8	YES	350
31	1	127	127.0	11.0	7.30	40.1	YES	350

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2022

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350